			VISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-011192$
DO NOT WRITE	DEPARTMENT OF PU		Registration District No
VS 300 Rev. 4/59  1  2 3  4	DATE AMENDED		1. PLACE OF DEATH a. COUNTY Tackson  b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City C. FULL NAME OF INSTITUTION Linmont. Nursing Home  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  C. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City OR TOWN Kansas
7 6	FOLLOWS		5. SEX 6. COLOR OR RACE White Temale White  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  13b. MOTHER'S MAIDEN NAME  Mary F. Bridges  DATE OF BIRTH P. AGE (last birthday) B. DATE OF BIRTH P. BIRTHPLACE (City and state or country) B. CALLER B. DATE OF BIRTH P. BIRTHPLACE (City and state or country) B. CALLER B. DATE OF BIRTH P. BIRTHPLACE (City and state or country) B. CALLER B. DATE OF BIRTH
9420-0 10 11 1286- 2	THIS RECORD ARE AS INSTEAD OF DOCUMENT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war or dates of servic no. or unknown) (If yes, give war o
Z	AMENDMENTS ON		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If decessed was female was there a pregnancy in last 90 days.    Yes   No   Unknown
USE BLACK INK OR TYPEWRITER RIBBC	ITEM NO. SHOULD READ	BY AFFIDAVIT OF	WHILE AT WORK   farm, factory, street, office bldg., etc.)    21. It attended the deceased from 12 - 7/96 \( \)

## STATEMENT BY LICENSED EMBALMER

· ! her	eby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
working und	er my personal supervision.	
Student		signed Bert B. Bennett
	Signature of Student Embalmer	
		Licensed Embalmer No. 4656
		P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.